



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only Postmark Date: _____ Project ID#: _____ Permit #: _____ Other #: _____ Inspector: _____	Date Received 1 <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	Date Received 2 WO# 1790454, 1828460, 1826461, 1828462, 1828463, 1828465, 1828466 Maintenance Trade Request & Damage

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one): <input type="checkbox"/> Revision (highlight here, and changes) <input type="checkbox"/> Postponement Date of Initial Notification or, if previously revised, date of last revision: _____	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Phase of Annual Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> Annual Notification
2.	PROJECT LOCATION (check one): <input type="checkbox"/> Allegheny County <input checked="" type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location in PA (specify county): _____	
3.	For Allegheny County and City of Philadelphia projects only: A. Does this project require a permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.) B. For City of Philadelphia projects requiring a permit: Asbestos project inspector: <u>Don Heim</u> Certification #: <u>9010140</u> Company name: <u>The Vertex Companies, INC</u> Address: <u>700 Turner Way, Suite 105</u> City: <u>Aston</u> State: <u>PA</u> Zip: <u>19014</u> Phone: <u>610-558-8902</u>	
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).	
5.	TYPE OF OPERATION (check one): <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input checked="" type="checkbox"/> Abatement prior to Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation	
6.	FACILITY DESCRIPTION: Job No.: <u>2020438001.1</u> (see instructions) Facility Name: <u>Thomas May Peirce Elementary School</u> Street/Rural Address: <u>2300 West Cambria Street</u> City: <u>Philadelphia</u> State: <u>PA</u> Zip Code: <u>19132-2099</u> Present use: _____ Prior use: _____ Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Facility size in square feet: <u>57201</u> # of floors: <u>5</u> Age in years: <u>113</u>	
7.	ABATEMENT CONTRACTOR: Company name: <u>School District of Philadelphia</u> Allegheny County or City of Philadelphia License # (if applicable): <u>30</u> Street/Rural/POB Address: <u>440 North Broad Street</u> City: <u>Philadelphia</u> State: <u>PA</u> Zip: <u>19130</u> Contact: <u>Brian Joseph</u> Telephone No. (between 8:00 & 4:30): <u>215-400-6586</u>	

8.	DEMOLITION CONTRACTOR: Company name: _____ Street/Rural/POB Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone No. (between 8:00 & 4:30): _____					
9.	FACILITY OWNER: Owner name: <u>School District of Philadelphia</u> Street/Rural/POB Address: <u>440 North Broad Street</u> City: <u>Philadelphia</u> State: <u>PA</u> Zip: <u>19130</u> Contact: <u>Brian Joseph</u> Telephone No. (between 8:00 & 4:30): <u>215-400-6586</u>					
10.	FACILITY INSPECTION (required for renovation and demolition projects): Building inspector: _____ Certification # _____ Date of inspection: _____ Is any material assumed to be asbestos? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: _____					
<input type="checkbox"/> Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)						
11.	IS ANY TYPE OF ASBESTOS PRESENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list in #12					
12.	TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD. PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.					
Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
FRI	ACPI	Kitchen Serving Area in Hallway H02 (1790454)	6	LF	REM	PCM
FRI	ACPI	Kitchen Serving Area in Hallway H02 (1790454)	3	LF	CAP	PCM
FRI	ACPI	Hallway H02A from BE Office & Boiler Room to Boy's Restroom (1828460)	3	LF	CAP	PCM
FRI	ACPI	Lunchroom A (1828461)	1	LF	CAP	PCM
FRI	ACPI	Lunchroom C (1828462)	1	LF	CAP	PCM
FRI	ACPI	Main Gym adjacent to Lunchroom B (1828463)	<1	LF	CAP	PCM
FRI	ACPI	Room B1 Gymnasium (1828465)	<1	LF	CAP	PCM
FRI	ACPI	Lunchroom C (1828466)	<1	LF	CAP	PCM
Code *	Code **	Code ***	Code ****			
Type of ACM	Units	Type of abatement	Final Clearance			
FRI - Friable ACM NF1 - Cat I nonfriable ACM NF2 - Cat II nonfriable ACM (Note: Allegheny County treats all ACM as friable)	LF - Linear ft. SF - Square ft. CF - Cubic ft.	REM - Removal CAP - Encapsulation CLO - Enclosure NON - None	PCM - Phase contrast microscopy TEM - Transmission electron microscopy			
13.	Is this project regulated by NESHAP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.					

14. OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: 10/25/2019 Completion Date: 10/27/2019
 Daily hours of operation: 300 ☐ am ☒ pm to 1130 ☐ am ☒ pm
 Days of week (check) ☒ Mo ☒ Tu ☒ We ☒ Th ☒ Fr ☒ Sa ☒ Su
- B. Demolition: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
- C. Renovation: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su

COMMENTS:

Weekend hours will be 7am-7:30pm.

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Abatement is being performed in order to comply with AHERA regulations.

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Standards set forth in the ACR for non-friable removals, glove bag removals or containment of work area locations will be followed based on the items outlined in Box #12 of this notification.

17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: Super Kwik
 Street/Rural Address: 200 Park Drive
 City: Voorhees State: NJ Zip: 08043-1130
 Contact: Dave O'Brien Telephone: 609-428-4400
- B. Transporter #2 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

18.	WASTE DISPOSAL SITE(S): (any asbestos containing material) <div style="margin-top: 5px;"> A. Landfill name: <u>Dauphin Meadows</u> DEP permit #: <u>101539</u> Street/Rural Address: <u>Route 209-Road #1</u> City: <u>Millsburn</u> State: <u>PA</u> Zip: <u>17000</u> Contact: <u>Randy Sylvester</u> Telephone: <u>717-362-3056</u> </div> <div style="margin-top: 10px;"> B. Landfill name: _____ DEP permit #: _____ Street/Rural Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____ </div>
19.	AIR MONITORING FIRM(S) <div style="margin-top: 5px;"> A. Company name/individual: <u>The Vertex Companies, INC</u> Street/Rural Address: <u>700 Turner Way, Suite 105</u> City: <u>Aston</u> State: <u>PA</u> Zip: <u>19014</u> Contact: <u>Don Heim</u> Telephone: <u>610-558-8902</u> </div> <div style="margin-top: 10px;"> B. Final clearance firm: (if different than 19A) _____ Street/Rural Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____ Final clearance firm was hired by (check one) <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Other Explain _____ </div>
20.	AIR SAMPLE FIRM(S) (City of Philadelphia projects only) <div style="margin-top: 5px;"> A. PCM company name/individual: <u>The Vertex Companies, INC</u> Certification #: _____ Street/Rural Address: <u>700 Turner Way, Suite 105</u> City: <u>Aston</u> State: <u>PA</u> Zip: <u>19014</u> Contact: <u>Don Heim</u> Telephone: <u>610-558-8902</u> </div> <div style="margin-top: 10px;"> B. TEM company name: _____ Certification #: _____ Street/Rural Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____ </div>
21.	FOR EMERGENCY RENOVATIONS: Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ <input type="checkbox"/> am <input type="checkbox"/> pm Description of the sudden, unexpected event: _____ _____ _____ Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement: _____ _____ _____ _____

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: _____
Name of individual who ordered: _____ Title: _____
Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: Don Heim Certification #: _____
Contractor (Individual): School District of Philadelphia Certification #: 30
Supervisor: Bartivic, John Certification #: 3058
Contractor (Firm) _____ Certification #: _____

* * * * * SIGN BOTH STATEMENTS * * * * *

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

(Original Signature of Owner/Operator) 10/25/2019 (Date)

Printed Name of Owner/Operator: Brian Joseph Title: Environmental Director

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

(Original Signature of Owner/Operator) 10/25/2019 (Date)

Printed Name of Owner/Operator: Brian Joseph Title: Environmental Director

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